

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

44138

Do not use this space.

**1. PLACE OF DEATH**

(a) County Vernon Registration District No. 875  
 (b) Township Clinton Primary Registration District No. 3039  
 (c) City Nevada (d) Street No. 2 Registered No. 294  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 509 W. Lee St.    
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. Dumber  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1858  
 7. AGE YEARS 82 MONTHS 7 DAYS 24 If LESS than 1 day, .....hrs. or .....min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home kept  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Ill.

13. NAME Mathew Cooper  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Matilda Hunt  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Bella Wood  
 (ADDRESS) Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada Mo DATE 12/2

19. FUNERAL DIRECTOR Wash. Pichin  
 (ADDRESS) Nevada Mo

20. FILED 12-240 19 Allen V. Bays  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1940

22. I HEREBY CERTIFY that I attended deceased from Nov 14 to Dec 1 1940

I last saw her alive on Nov 28 1940 Death is said

to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:  
Arteriosclerosis

Name of operation Physical Exam  
 What test confirmed diagnosis?   Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? .....  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify    
 (Signed)   M. D.  
 (Address) Nevada Mo

RECEIVED

District Health Officer No. 7,

District File Number 1-41-107

Date Filed 1-13-41

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_. L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Marcel Eechinger*

Licensed Embalmer No. 2656-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)